BROWARD COUNTY ELECTED OFFICIAL CODE OF ETHICS OUTSIDE/CONCURRENT EMPLOYMENT DISCLOSURE FORM FOR MUNICIPAL ELECTED OFFICIALS

Name of Elected Official: Calendar year covered by disclosure to	form: 2019	_
Name of outside or concurrent employer	Remuneration received during covered year Please state exact amount or check applicable box Under \$1,000	Direct employer contributions to retirement Did you receive any direct employer
Acclaim Management Inc	\$1,000 - \$5,000 \$1,000 - \$10,000 \$5,001 - \$10,000 \$10,001 - \$25,000 \$25,001 - \$50,000 \$50,001 - \$100,000 Over \$100,000 Exact Amount	contribution to retirement from this employer during the reporting period? Yes No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column? Yes No
Acclaim Realty Inc	☐ Under \$1,000 ☐ \$1,000 - \$5,000 ☑ \$5,001 - \$10,000 ☐ \$10,001 - \$25,000 ☐ \$25,001 - \$50,000 ☐ \$50,001 - \$100,000 ☐ Over \$100,000 ☐ Exact Amount	Did you receive any direct employer contribution to retirement from this employer during the reporting period? Yes No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column? Yes No
	☐ Under \$1,000 ☐ \$1,000 - \$5,000 ☐ \$5,001 - \$10,000 ☐ \$10,001 - \$25,000 ☐ \$25,001 - \$50,000 ☐ \$50,001 - \$100,000 ☐ Over \$100,000 ☐ Exact Amount	Did you receive any direct employer contribution to retirement from this employer during the reporting period? Yes No If yes, was this amount incuded in the exact remuneration amount or range disclosed in the prior column? Yes No
Signature of Elected Official:		Date: June 30, 2021
If this form amends a previously filled t	form, please check this box	